

ADVOCATE RECOMMENDATIONS FOR PRACTICAL PRISON REFORMS

As presented to the Senate Select Committee on Prison Safety during their April 29, 2019 meeting, the below is a list of common-sense recommendations that will result in safer prisons. These recommendations have been created and endorsed by the **National Alliance on Mental Illness - NC, Disability Rights North Carolina**, the **National Association of Social Workers – North Carolina Chapter**, the **North Carolina Psychiatric Association**, and the **North Carolina Psychological Association**.

Recommendations to the Committee:

- **Allocate at least \$12M in funds to begin restoring previous progress made on providing treatment to those with mental illness.**
 - This \$12 million was requested by DPS in 2015 but was not funded. Dr. Junker confirmed to Advocates this week that he has a detailed plan for how he would staff the mental health system if adequate funds are appropriated. Dr. Junker testified before the Committee that they have FEWER Behavioral Health positions now than they did in 2007. These positions are needed to improve safety for Correctional Officers and prisoners, and for our communities as 95% of prisoners will be released back into their home community.
- **Reduce the use of solitary confinement/restrictive housing for inmates- particularly those with mental illness.**
 - See notes on Funding additional Day Treatment programs below.
- **Reduce the length of time individuals spend in solitary confinement.**
- **Fund additional Day Treatment prison programs.**
 - This can be achieved with funding ear marked for day treatment programs. Funding Day Treatment programs for inmates with mental illness and for those with Intellectual and Developmental Disabilities would be a huge advancement. The TDUs were able to launch with a \$7.5 million appropriation. A similar appropriation could have the same success for Day Treatment programs.
- **Improve recruitment, hiring and retention of clinical staff. Reduce the amount of time it takes to complete the hiring process.**
- **Renew focus on training custody staff.**
 - Restore the CIT training initiative and give custody staff more tools to defuse explosive situations. This will create a safer and more rewarding work environment for DPS staff.

- **Improve screenings and assessments at intake. Screen inmates periodically during incarceration.**
 - This is critically important to improving mental healthcare in prisons. Currently Registered Nurses (RNs) are not required to screen inmates, and the screening can be performed by anyone on nursing staff. Often, these staff will not be as well trained or experienced as an RN. Earmark funding for RNs trained in psychiatric assessments to complete all screenings.
- **Improve release planning and stop releasing offenders directly from restrictive housing to the community. Offer pre-release therapy instead.**
- **Require jails and state agencies to share medical/mental health information when inmates are transferred to DPS facilities.**
 - Amend G.S. §153A-225 which currently requires JAILS to forward health information or medical records to another JAIL as follows:
 - Add new section “(b2) Whenever a local confinement facility transfers a prisoner from that facility to a State Prison facility, the transferring facility shall provide the receiving facility with any health information or medical records the transferring facility has in its possession pertaining to the transferred prisoner.”